

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						097529365					
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2							52				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND.	/		/		/		TOTAL IND.	/		/	
TOTAL DEP.	/		/		/		TOTAL DEP.	/		/	
TOTAL CLAIMS	/		/		/		TOTAL CLAIMS	/		/	

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